MEDICINE OCTOBER 8, 2019

Anne Harrington
MIND FIXERS
Psychiatry's troubled search for the biology of mental illness
384pp. Norton.
£19.99 (US $27.95).

David Elmore (left) and his identical twin brother Steven Elmore (right), who has schizophrenia, in front of their brain scans, Washington, DC, 1995
© Joe McNally/Getty Images

Scientific wasteland

Andrew Scull discusses some recent problems with psychiatry

ANDREW SCULL

Anne Harrington begins *Mind Fixers* with a fairy tale. Once upon a time, psychiatry (or at least German psychiatry) rightly saw mental illness as rooted in biology, more specifically in the brain. Its

laboratories developed new ways of slicing and dicing brains, and new techniques to stain and fix slices of brain tissue as it sought the sources of craziness. Then Freud came along and turned people's heads. Talk of egos and ids, Oedipus and the unconscious, of murdered memories and hidden meanings, seduced generation after generation, luring psychiatry off into a "scientific wasteland" and condemning sufferers to analysis terminable and interminable. From this nightmare, we suddenly awoke in the last quarter of the twentieth century. Advances in genetics, neuroscience and psychopharmacology all at once reminded psychiatrists that biology ruled, that talk could be dispensed with, and a truly medical psychiatry could finally emerge. Bringing back the brain would unleash a therapeutic nirvana, and by demonstrating that mental illnesses were illness like any other, would banish the misunderstanding and stigma that had long surrounded madness. Like all good fairy stories, this one has a happy ending.

It is a fantasy, Harrington immediately asserts – indeed, deeply wrong – in every particular. It

wasn’t the siren song of psychoanalysis that heralded the demise of German biological psychiatry; it was its own failures. Further, psychoanalysis did not replace it all at once. Analysis rose to prominence and dominance only after the Second World War. And Freudianism did not fall “because science triumphed over dogmatism”. The “science” has turned out to be remarkably thin. Psychiatry continues to rely not on biological markers of disease but on clusters of clinical symptoms. Its vaunted diagnostic process is, in the words of a recent director of the National Institute of Mental Health, Thomas Insel, “equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever”. That problem is now obvious.

Worse, perhaps, at least for patients, is the fact that claims for the efficacy of the new drug treatments have been vastly overblown, and the prospect of better ones coming along is remote, since the pharmaceutical industry seems to have decided that further research and development in this area are “simply too difficult and too risky”, to quote Steven

Hyman of Harvard University, another former director of NIMH. There has been no happy ending.

As Harrington acknowledges, other historians have been making these points for some time. Her contribution, she claims, will be “to put all the pieces together” and use them to construct a new, better version of the past. It is a version that leans heavily on the lectures Harrington has given for more than a decade to a large undergraduate class, something that perhaps explains, though it scarcely excuses, the limp, often clichéd prose in which she sets forth her case. Freud “hung out his shingle”. William Alanson White “put his money where his mouth was” and urged his colleagues to give Freud’s ideas “a fair shake”. “The outcome [of one of Freud’s early investigations] was a stunner.” By 1980, “other mental health workers were knocking at the gate of mental health care with increasing energy”. And then there are passages where hand-waving stands in for analysis: “The times were not favoring the biological psychiatrists”; or “Therapeutic nihilism was going out of fashion”.

More significantly, perhaps, Harrington's account is marred by over-simplifications, chronological confusions, omissions and outright mistakes. Harrington tells us, for example, that the Supreme Court heard no witnesses in the case of Buck vs Bell (1927), the decision which upheld the legality of the involuntary sterilization of the mentally ill, implying that this reflects some lack of due diligence on their part. In reality, of course, it is only in the rarest of circumstances that the Court hears from witnesses. A little further into the book, the account of Walter Freeman's invention of the ice-pick lobotomy is muddled and misleading, as is Harrington's dating of lobotomy's decline. The mental hospital was not "denounced as a failed institution" in the decade that followed the Second World War. To the contrary, even those who penned the most serious criticisms of conditions in asylums in these years, such as Albert Deutsch, author of *The Shame of the States* (1948), argued for more investment in these institutions, not their abolition. They neither advocated, nor envisioned, the demise of the asylum.

Harrington discusses the explosion of therapeutic experimentation that marked and marred institutional psychiatry in the interwar years: the use of malaria to treat tertiary syphilis or general paralysis of the insane, as well as later experiments with fever therapy for other forms of psychosis; the employment of surgical evisceration to cure mental patients, on the assumption that their brains were being poisoned by lingering infections elsewhere in their bodies; the use of the new medical miracle, insulin, to put patients into comas to cure their schizophrenia; the shock treatments (metrazol and its replacement, electroshock therapy); and finally lobotomy, the lopping of the frontal lobes, to treat all manner of mental diseases, from obsessive-compulsive disorders to schizophrenia. Two of these interventions, malaria for the treatment of GPI, and lobotomy, won Nobel Prizes for their inventors, and this whole explosion of somatic treatments has attracted much serious scholarship over the past quarter-century. There is much for Harrington to draw on here, so it is disappointing that she makes so little of the material, discusses it carelessly, provides little sense of why these

treatments emerged when they did, and fails to address the issue of why mental patients were so readily subjected to what were generally mutilating, dangerous, or ineffectual interventions. Nor does she make any real attempt to examine the ethical issues involved.

One of the most distinctive features of American psychiatry was its postwar dominance by psychoanalysis, a situation that persisted into the 1970s. Harrington is right to point to the impact of the Second World War in bringing this about, but her discussion of the place of Freudian ideas and practitioners in the United States after Freud's visit to Clark University in 1909 is vague and unsatisfactory. She makes much of the mental hygiene movement and the child guidance clinics as the locus of prewar psychoanalytic practice. But the Rockefeller Foundation began to distance itself from both movements as early as the late 1920s, and though the Commonwealth Fund continued to fund the clinics during the early years of the Great Depression, that support had begun to wane by the mid-1930s. Whatever sustained Freudianism in

these years (and psychoanalytic ideas and therapy did enjoy some success in avant-garde circles), it was not, to any significant extent, the mental hygiene movement or child guidance clinics.

The Rockefeller Foundation's influence on American psychiatry in the 1930s was enormous. Under the director of its medical division, Alan Gregg, the foundation made psychiatry its top priority in the medical field, and poured resources into founding and expanding the field of academic psychiatry. If its officers soured on the field after the war, regarded the resources they had devoted to it rather ruefully, and essentially withdrew their support, the academic discipline they had fostered owed much of its existence to their efforts. One would not, however, gather this from *Mind Fixers*, nor is there much sustained discussion of what replaced private philanthropy after the war: the creation of the National Institute of Mental Health, and the rising federal involvement in the mental health sector.

Most of the second half of *Mind Fixers* is taken up

with discussions, successively, of three major psychiatric disorders – or, rather, three ways of dividing up serious forms of mental illness that psychiatrists have constructed: schizophrenia, depression and bipolar disorder. It is in this context that Harrington confronts the re-biologization of psychiatry that has marked the past half-century: the psycho-pharmaceutical revolution, along with the massive influence of multinational drug companies on both the psychiatric profession and our contemporary models of mental illness; and the renewed emphasis on the classification of different forms of mental illness embodied in the successive editions of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), culminating in the publication of the fifth edition in 2013.

These chapters are the most successful portions of her book, a sensible precis of what other historians have concluded. She notes some of the scandals, the sometimes swingeing damages that have ensued, and the recent decision of most of the pharmaceutical houses to abandon serious research

into new chemical treatments for mental illness. Drawing on the work of the *New York Times* reporter Alex Berenson, she records how Eli Lilly plotted to make one of its antipsychotic drugs, Zyprexa, a blockbuster drug (with over $1 billion in annual sales) by marketing it as a treatment for bipolar disorder, moodiness, irritability and insomnia, indications for which there was no scientific warrant. Lilly quickly exceeded its financial goals (Zyprexa sales in 2003 were $4.3 billion in the US alone), mainly by downplaying or suppressing evidence that there was “a strong link between Zyprexa and medication-induced obesity, high blood sugar, and diabetes”. Two successive lawsuits led to settlements totalling $2.6 billion, after the discovery of internal documents that showed what the corporation had done. The same pattern of suppressing unfavourable clinical trials, misrepresenting the dangers and drawbacks of drugs to treat schizophrenia and depression, and surreptitiously encouraging off-label use of psychoactive drugs have inflicted serious financial and reputational damage on a host of other pharmaceutical corporations. Though Harrington

only reports the Eli Lilly case, she could just as easily have cited the scandals and damage settlements incurred by GlaxoSmithKline (fined $3 billion for fraudulent sales of Paxil, Wellbutrin and other drugs); Johnson and Johnson ($2.2 billion for mis-marketing Risperdal for unapproved psychiatric conditions); or Abbott Pharmaceuticals ($1.5 billion in civil and criminal penalties for marketing Depakote for dementia and schizophrenia, conditions for which the drug is useless).

Psycho-pharmacology appears to be in crisis, and the limitations of psychiatric medications are becoming ever more evident. Simultaneously, the claims of the *DSM* to scientific status are under attack, and not just from the critics often labelled as anti-psychiatrists, but also from some of the most prominent figures in the psychiatric establishment: two past directors of the National Institute of Mental Health, Steven Hyman and Thomas Insel; and the editors of the *DSM* editions that launched the so-called neo-Kraepelinian revolution, the late Robert Spitzer and his successor as Editor of the

fourth edition of the *DSM*, Allen Frances.

For many readers who do not closely follow developments in the mental health arena, such passages will constitute a depressing end to this survey of twentieth- and early twenty-first-century psychiatry. They are, however, a largely accurate summary of the contemporary state of play. And for all its flaws, *Mind Fixers* is certainly a sound synthesis of psychiatry's recent troubles.

To read the full article, please login

Email address

Password

Keep me logged in

Login

Not a subscriber? Get the world's leading literary journal from only **£1.50** or **$2.40** per week

Subscribe